

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	<i>SUP</i>	9C-922	01-23-01
<b>RESPONSE FORMALITY REVIEW</b>	<i>CK</i>	1109	10-19-01
<i>Response</i>	<i>KA</i>	1019	11-27-01
	<i>AM</i>	580	02-08-02

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) ... Canceled A ..... Appeal  
 + ..... Restricted 0 ..... Objected

Claim	Date
1	11-27-01
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If more than 150 claims or 10 actions  
staple additional sheet here

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**BEST AVAILABLE COPY**5-28-01  
10-18-01